

CLAIMS

SERIAL NO.

FILING DATE

APPLICANT(S).

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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50					
TOTAL IND.	1				
TOTAL DEP.	5	↔	↔	↔	
TOTAL CLAIMS	6	[REDACTED]	[REDACTED]	[REDACTED]	

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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99					
100					
TOTAL IND.		↔	↔	↔	↔
TOTAL DEP.					
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>08/529163</i>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓	↓	
TOTAL DEP.		←	5	←		←	TOTAL DEP.		←		←	←	
TOTAL CLAIMS			6				TOTAL CLAIMS						